Signature of Candidate of Flacted Official

FORM REVISED 06.06.2017

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

				Mor	nthly	Amended	Monthly
Nam	Please Print in Ink or Type.  Pe of Candidate or Elected Official Political Party/	/Ballot	Affiliation	] We	ekly	Amended	Weekly
V	Jancer Milliams, Sr. Dem	9CX	afic	For Monthly F	-		
Offic	ce Sought or Held (include district or circuit number, if applicable)	_		report is filed.	AT CIC		
<u> </u>	orminaham Board of Ederation	Di	MYCH	For Weekly R Date of Friday	•		
Add	ress Check box/if reporting new address			week for which			
City	State ZIP Code   Telephone Nu	mber		report is filed.  Total Number	r of	<u></u>	
	Sirminaham At. 3521 335-	49.	52f	Pages in Rep			
e.	ummary of activity cines last filed conset						
4	ummary of activity since last filed report					7 1/6	
1	Beginning balance (ending balance from previous filing)			The state of the s		124	
<del></del>	Cash Contributions Itemized cash contributions (total from Form 2)	2a	<u> </u>				
	Non-itemized cash contributions	2b		$\frac{OO}{100}$			
╌╾┤		120		00			
	Total cash contributions (add lines 2a and 2b)		A CARLON OF THE SECOND OF THE		2c		\$0.00
	In-Kind Contributions	<u>, , , , , , , , , , , , , , , , , , , </u>					
—{	Itemized in-kind contributions (total from Form 3)	3a					
	Non-itemized in-kind contributions	3b					
—	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.0	<u>o</u>		
	Receipts from Other Sources						
	Itemized Receipts from Other Sources (total from Form 4)	)  4a	<u> </u>	<u></u>	F. 3.		
4b	Non-itemized Receipts from Other Sources	4b			A Section of the sect	A STATE OF THE STA	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4c	Total receipts from other sources (add lines 4a and 4b)				4c		\$0.00
	Expenditures		A de la			1075	
5a	Itemized expenditures (total from Form 5)	5a	18	790,54p			
5b	Non-itemized expenditures	5b	,	75,00			
5c	Total expenditures (add lines 5a and 5b)				5c	954,5	\$0.00
	Expenditures on Line of Credit	, ; ,		The state of the s			
6a	Itemized expenditures (total from Form 6)	6a		0			
6b	Non-itemized expenditures	6b		0	1, 1, 1, 2		
6c	Total expenditures on credit (add lines 6a and 6b)	6c		\$0.0	0		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c	:)	ر الله الله الله الله الله الله الله الل		7 [	385,4	\$0.0
Λ	······································						T T
	required by the Alabama Fair Campaign Practices Act, I hereby Sw ear or affirm to the best of my knowledge and belief that the	orn to	o and sub	scribed before m	e this	<u></u> (	day of
atta	ched report(s) and the information contained herein are	<del></del>	of	the year	·	My commissi	ion expires
	e and correct and that this information is a full and complete tement of all contributions, expenditures, and other required	·	da	ay of	of th	e year	
	rmation during the applicable period of time.						
•	18-621 Sig	nature	e of Notary F	-ubli			

Date

Print Notary's Name

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2021091150 Pages: 1 of 6 l certify this instrument filed on 8/6/2021 10:06 AM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

Clerk: WORTHYV

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For Weekly Report Date of Friday in			<u> </u>	
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Shelby Cnty Judge of Probate, AL

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#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

## FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

De	O NOT LIST in-kind contributions or loans on this form. Use Forms 3 an	id 4 fr	or the	ose lis	ungs.			
CONTRIBUTOR	ADDDECC	OF	CON	URC ITRIB ECK O	JTION	į	AMOUNT	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)		
	5529-1st Avenue South Stell, Rham, H. 3500			-		7129121	50.0	
Herring Chiropractic	1518 Montelair Road Irondalt 1.35210	V				7/1121	200.00	
211cH	Birmingham, Al. 35265					7/3/2/	160.00	
JQhn501	Unit III Bham, Ati 3509					7/2/21	100,00	
Julene R. Pearson	P.O. BOXIII Shannon, Af. 35142					430121	100,00	
Vincentand Clementine Motton	Charlotte, NC28273					2112	100,00	
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170003995 Cnty Ju								
520 2/6 \$ dge of Pri								
EVISED 10.27.2011	TOTAL CASH CON	[RIE	3UT	ION	S Th	IIS PAGE	100,00	

#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Yan to WILLIAMS ST

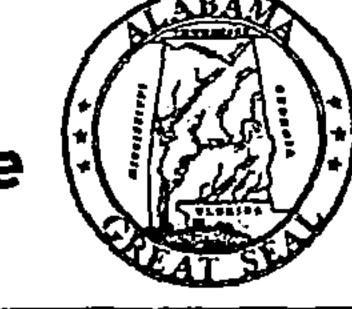
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

		NATURE OF CONTRIBUTION (CHECK ONE)										IRCE K ON			
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	vertis	Consultants/ Polling	음	Food	Rent	Transportation	Other	Business/ Corporation	lual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
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#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

### FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT **FORM** RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **ADDRESS** DATE SOURCE OF RECEIPT **AMOUNT** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) **GUARANTORS** RECEIVED OF STREET OR P.O. BOX, (mo./day/yr.) RECEIPT nterest [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE \$0.00

#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

### FORM 5: Expenditures by candidate or elected official

FORM REVISED 10.27.2011





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS ADDRESS DATE OF AMOUNT OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE EXPENDITURE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF EXPLANATION 23 deSIGN Bham, Ali 35244 115 David Green Road Bham, At, 3544 Hun Edwards S024 Gihon Civele Bham Al 3525 TOTAL EXPENDITURES THIS PAGE

### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 6: Expenditures On Line of Credit by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: Williams, Sr.

	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)				PĮ	JRPC	OSE (						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	ertis	Consultants/ Polling		Food	Fundraising	Lodging	Transportation	Inferest	OTHER  GIVE  BRIEF  EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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